# DEPARTMENT OF HEALTH AND SOCIAL SERVICES

# 1. Department Overview

## MISSION

The mission of the Department of Health and Social Services is to promote, protect and provide for the health and well-being of the people of the Northwest Territories.

## VISION

Healthy people, healthy families, healthy communities

## GUIDING PRINCIPLES

**Personal Responsibility** - Individuals, families and communities have a lead role in achieving their own overall health and well-being

**Collaboration** - Working together to ensure individuals, families and communities make well informed decisions about their health and wellness

**Core Need** - Publicly funded programs and services that support basic health and social needs

**Opportunities for Engagement** - Communities provide input and advice on health and social service matters affecting their community

**Patient/Client Safety** - Health and social services are delivered within acceptable practice and clinical standards

**Transparency** – Outcomes are measured, assessed and publicly reported

## GOALS

In order to provide high quality health and social services we have established goals that support our vision, mission and guiding principles.

**Wellness** - Communities, families and individuals make healthy choices; children are raised in safe environments and are protected from injury and disease

**Access** - The right service at the right time by the right provider

**Sustainability** - Living within our means

**Accountability** - Reporting to the public and the Legislative Assembly

## STRUCTURE OF THE SYSTEM

The Department of Health and Social Services (Department) works under the direction of the Minister and Deputy Minister in partnership with the Health and Social Services Authorities (Authorities) to plan, develop, evaluate and report on program and service delivery that supports the health and well-being of people across the Northwest Territories (NWT). The Department's major responsibilities include: establishing system-wide strategic direction and leadership, managing system risk, providing leadership in public health and incident response, securing, monitoring and managing funding, developing legislation, setting policies and standards, performance monitoring and evaluation. In addition to providing strategic direction, leadership and standards, the Department is also responsible for specific front-line service delivery in areas such as adoptions, guardianship, population health and southern placements.

The Authorities are the operational arm of the system and are responsible for the provision of quality, timely access to appropriate health and social services that best meet the needs of those individuals they serve. With a focus on prevention and promotion, Authorities provide community delivery and regional programming with the intention that they operate as an integrated territorial system. There are currently eight Authorities in the NWT, as listed below:

- Dehcho Health and Social Services Authority
- TłįchǫCommunity Services Agency
- Fort Smith Health and Social Services Authority
- Hay River Health and Social Services Authority
- Beaufort Delta Health and Social Services Authority
- Sahtu Health and Social Services Authority
- Yellowknife Health and Social Services Authority
- Stanton Territorial Health Authority

The Joint Leadership Council (JLC) chaired by the Minister responsible for Health and Social Services includes the Deputy Minister and the Chairs of each Authority. The JLC provides a forum for shared leadership and decision-making, meeting on a regular basis to set system-wide priorities and provide oversight on the delivery of programs and services, as well as managing system risk and identifying and supporting system efficiencies.

The Joint Senior Management Committee (JSMC) is chaired by the Deputy Minister and includes the CEOs from each Authority, representation from the Medical Directors Forum (MDF) and from the Nursing Leadership Forum along with senior managers of the Department. JSMC provide leadership and direction with respect to the operations of the overall system and works to implement directions of JLC.

These shared forums are intended to provide an integrated approach to the management of health and social services throughout the NWT. The Department's business plan and strategic plan *Building on our Foundation 2011 – 2016* sets the strategic direction, guides the systems operational plans and serves as a road map to direct where we are going and how we will get there.

## OPERATING ENVIRONMENT

### *Cost Drivers in the System*

The cost of delivering health care in Canada continues to grow; outstripping government revenues and threatening the health systems' ongoing sustainability. The growth in health care spending is largely attributable to the increased utilization of medical technologies, increased utilization and cost of pharmaceuticals, vaccines and blood products, health human resources, the increasing burden of chronic disease and to a smaller extent an aging population.

In the NWT, many of the factors driving cost and demand on the health and social services system are complex and beyond the Department or the Authorities' ability to influence or control. Drivers such as high rates of chronic disease, an aging population, the long-term impacts of residential schools, human resource pressures, remote communities, increasing medical travel costs, pharmaceutical costs, and increasing inter-jurisdictional costs for out-of-territory services are all adding to the pressure and cost of delivering health and social services. The Department will need to employ innovative responses and engage and empower communities to improve the quality of care and mitigate the impact and factors driving demand and cost of the health and social services system.

### *Health Status of the Population*

Health status is, to a large extent, caused by the conditions under which we live our lives. These include our food choices, level of physical activity, use of alcohol, drugs and tobacco. Other determinants such as employment, working conditions, income, early childhood development, education, housing and the environment are also contributors.

While the health status of NWT residents has been improving there is still a disparity between the NWT and the rest of Canada and between the aboriginal and non-aboriginal populations. Only 41% of the NWT population participates in enough physical activity to maintain good health. This compares to 53% for other Canadians. Similarly, the number of residents that report being overweight or obese in the NWT is 12% higher than for Canada. The NWT also fares poorly when comparing rates for smoking and alcohol use.

Between 2005 and 2007 the leading cause of death in the NWT were cancers and cardiovascular diseases followed by injuries and respiratory diseases. More than 70% of all deaths and 50% of all hospital days are attributable to chronic disease. These include conditions such as: diabetes, cancer, obesity, hypertension, heart disease, respiratory disease and conditions related to mental health and addictions.

In Canada, as in the NWT, mental health and addictions issues are prominent. In 2009 alone, Canadians spent over 3 million days in hospital for a mental health related issue. In the north, hospitalizations for mental health and addictions issues represent the tip of the iceberg of the population who suffers from depression, anxiety, substance abuse and other issues. The rate of NWT residents hospitalized, where a mental health issue was the primary or secondary reason, was 15.3 per 1,000 for 2010/11. In other words, in 2010/11, about 1.5% of the NWT population

was hospitalized for a mental health or addictions related issue[1].

In order to improve the health status of the population the Department will need to focus on promotion and prevention, early childhood development, community based wellness initiatives and a chronic disease management model that incorporates education, prevention and self-care.

***Governance and Accountability Pressures***

As the prevalence of complex chronic diseases such as diabetes, cancers, and mental health and addictions increase, so too does the need for effective coordination, communication and accountability within the system. Patients and clients should not have to suffer delays in treatment due to administrative barriers. Improved accountability is required to ensure patients are not at risk for complications, medical error or duplicate tests, and that they flow seamlessly across service providers and regions as needed. We also need to develop the capacity to track patient outcomes so we know where our services can be improved.

The increasing demand for and cost of providing services also drives the need for improved efficiency, monitoring and reporting on system performance. In order to improve accountability within the system, we need clear measureable goals and targets accompanied by appropriate indicators that tell us if our targets are being achieved. We need a governance structure that promotes effectiveness and efficiency, which allows residents to have a voice in health quality improvement and keeps service providers accountable to those they serve.

***National Direction***

On July 26, 2012 - Premiers received the report of the Council of Federation Working Group on Health Care Innovation: *From Innovation to Action*. Recommendations from the report focuses on innovations that each province and territory can put to use to enhance patient care and improve value for taxpayers and include:

- Promoting the adoption of clinical practice guidelines for heart disease and diabetes;
- Pursuing a number of team based models to increase access for Canadians, such as the Collaborative Emergency Centres Model and other models listed in the report;
- Sharing information on health human resources management and supply; and
- Monitoring the progress made on these initiatives.

Future recommendations are expected from the work of the Health Innovation working group which may have implications for the NWT.

In 2012, the Mental Health Commission of Canada released the first-ever mental health strategy for Canada: *Changing Directions Changing Lives*. In this report the Commission lays out the strategic direction that will act as a blueprint for change in the mental health and addictions programs in the years to come. The Department's action plan for mental health and addictions: *A shared Path Towards Wellness* reflects both the directions recommended by the Commission and the priority needs of the NWT population with respect to mental health and addictions.

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[1]Canadian Institute for Health Information, NWT Department of Health and Social Services and NWT Bureau of Statistics.

***Information Technology Opportunities***

Through partnership with Canada Health Infoway, the Department has been able to invest in territory-wide eHealth technologies to improve patient access within their home communities, improve continuity of care and patient safety. These large system-wide, integrated initiatives have the potential to reduce the need for medical travel, to provide residents with faster, more direct access to services, and to provide the tools to improve the diagnosis and management of chronic diseases. However, they also drive the need for improved data integrity, availability of the network, up to date infrastructure, and greater emphasis on privacy, security, auditing and breach management. Training has also become an emerging issue as there is the need to ensure service providers use the technologies consistently. These large system-wide initiatives are complex and require significant ongoing operations and maintenance funding and collaboration.

The Canadian plan is to electronically share patient information across jurisdictional boundaries to enable improved patient care and safety regardless of where the patient's information resides. This drives the need for system and data standards and the need to keep the technology up to date. It also requires legislative and operational changes to business process such as how data is managed, shared, and secured.

A mobile workforce is making mobile technologies an emerging pressure that requires strategic planning and investment. Investment in eHealth has also become a recruitment and retention requirement, with some new recruits only wanting to move to the NWT if there are electronic health records, and some new graduates never having paper-charted before. The Department will need a Territory-wide HSS Informatics Strategic Plan to provide the vision for how informatics will enable and support business changes and to allow for the evaluation and prioritization of investment decisions.

## KEY ACTIVITY 1 – DIRECTORATE

*Description*

Under the authority of the Minister, the **Directorate** provides strategic leadership to the Department and the Authorities. This includes responsibility for overall coordination of strategic reform initiatives aimed at ensuring the long-term sustainability of the HSS system. The Directorate is responsible for broad system planning, establishing strategic direction, providing innovative leadership, coordination and risk management as well as the provision of administrative services for departmental operations.

The **Policy, Communications and Legislation** Division provides leadership and services in the development of policy, legislation and regulations along with Intergovernmental relations, Aboriginal affairs, Official Languages and Communications.

The **Corporate Planning, Reporting and Evaluation** Division is responsible for setting a system-wide framework for planning and accountability to ensure that Department priorities respond to system-wide health and social issues and reflect priorities set by government. This division is also responsible for monitoring program performance and conducting evaluations to support evidence based decision-making. Responsibility for professional licensing is also included in the Division.

The **Finance** Division provides financial planning, financial management and administrative services for the health and social services system. These services include providing advice to the Department and the Authorities on financial management, financial monitoring, financial analysis, transaction processing and procurement, including contracts and contributions.

The **Infrastructure Planning** Division is responsible for the overall development, design and planning of capital infrastructure projects. Planning and purchasing for medical equipment and ever-greening is also included in this division.

*Other Initiatives for 2013-14*

The Directorate will continue to implement the initiatives identified in the Strategic Plan: *Building on Our Foundation* and will provide innovative leadership, system planning, financial management, policy and legislative development and support for capital and infrastructure planning to the Department and the Authorities.

***Federal Funding Arrangements***

- Federal funding such as the Territorial Health System Sustainability Initiative (THSSI) are essential components of the territorial health budget. The Government of Canada has provided certainty about the future status of Canada Health Transfer funding. During the 2013/14 fiscal year the Department will engage in discussions with the Federal Government about the potential for an extension of THSSI funding that will go beyond 2014.

- In 2013/14 the First Nations and Inuit Health Branch (Health Canada) funds administered by the Department and made available to communities for wellness initiatives will move toward a block-funded, multi-year model. This will help to streamline the application process and provide communities with greater assurance for ongoing funding of their wellness projects.

***Legislative Framework in support the Health and Social Services mandate***

- The *Health Information Act* (HIA) is currently being drafted and will be introduced in early 2013/14. The Bill will set out requirements for consent and the collection, use and disclosure of personal health information, allow for collection and use of personal health information for system planning, include provisions for access and corrections to personal health information, establish requirements for the disclosure of personal health information for research purposes, and establish an HIA oversight role for the NWT Information and Privacy Commissioner for compliance purposes. It is expected that bringing the HIA into force will require the development of regulations, an HIA Manual and ongoing additional resources to support and ensure the requirements of HIA are met similar to ATTIP.

- The *Health and Social Services Professions Act* (HSSPA) will regulate a number of health and social services professionals under one statue, or "umbrella" legislation, and will provide consistent registration practices and complaints and disciplinary processes. The HSSPA will enable the GNWT to more easily modernize existing and outdated health and social services professions legislation, as well as regulate professions currently unlicensed under NWT law. Should the Legislative Proposal be approved in 2012/13, drafting of the Act could begin in 2013/14.

- The *Child and Family Services Act* will be amended to respond to the recommendations of the review of the *Act* undertaken by the Standing Committee on Social Programs during the 16th Legislative Assembly. Amendments will also be included to ensure the Act reflects best practices in other jurisdictions and enhances existing provisions that have proven to be effective. A discussion paper will be finalized in 2012/13 and a legislative proposal will follow in 2013/14.

- The Health Insurance Act (working title) will replace the existing *Hospital Insurance and Health and Social Services Administration Act (HIHSSA)* and the *Medical Care Act* and will govern the administration of the health insurance system. The *Act* will establish a health care registration system, define insured services and, include provisions respecting the administration of the insurance system including the process to include and remove insured services, 'shadow billing' and fee-for service. A legislative proposal will be finalized in spring of 2013.

- The Health and Social Services Governance Act (working title) will replace the existing governance provisions in *HIHSSA*. This will be the legislative foundation for the governance of the health and social services system. The *Act* will clearly define the Minister's role and authority in the system, increase accountability and establish a new structure of governance for the system.

- The *Mental Health Act* will be amended to ensure the Act reflects best practices in other jurisdictions, including modern privacy protection provisions, community involvement, and better respect for patients. A series of discussion papers will be finalized in 2013/14 with a legislative proposal to follow.

- The *Dental Profession Act* will be amended to enable student dentists to be registered in the NWT. Should a legislative proposal be approved in 2012/13, drafting could begin in 2013/14.

***System Innovation and Reform***

In order to ensure continuity between major system reform initiatives the Department has created a System Innovation team to work with key stakeholders and manage reform initiatives.

- Governance - The Department will continue to work with the Authorities and stakeholders towards a governance structure that promotes effectiveness and efficiency, allows residents to have a voice in health quality improvements and keeps the system accountable to those it serves.

- Collaborative and Consolidated Services – In an effort to gain control of rising costs while maximizing quality, safety, access and accountability, the department has evaluated and prioritized candidates for integration as shared services in a potential "back office" arrangement. It is anticipated that more in-depth business case analysis, pilot projects and implementation plans will demonstrate the need to proceed with specific shared service.

- Territorial Support Network – A practitioner to practitioner Territorial Support Network will ensure timely, appropriate and coordinated healthcare delivery for NWT patients by providing dedicated remote physician support to health care practitioners. This practitioner focused support network will be operationalized within the framework of the Integrated Service Delivery Model. Some of the potential services (e.g., Medevac triage) will be piloted to support a Territorial Support Network business case and implementation plan.

- Medical Travel – It is important that patients have appropriate access to services through a comprehensive and modern GNWT medical travel system and policy. Work is underway on updating the GWNT policy and improving service to residents through re-engineered business processes and updated guidelines.

***Improving Accountability and Performance Monitoring***

- The Office of the Auditor General's report from 2011 highlighted the need for improved accountability and evaluation. In order to improve accountability within the system, the Department established clear goals and targets through the Strategic Plan: *Building on Our Foundation 2011 – 2016*. The Department will continue to report publicly on established performance indicators and monitor performance relative to the established targets.

- The Department will continue to improve the existing Contribution Agreements with Authorities to clearly identify roles and responsibilities, performance expectations and reporting requirements.

- The Department will work with Authorities to develop an accountability framework for patient/client safety across the system to ensure ongoing quality improvement in patient care.

- The Department will continue work on design of a system-wide accountability and performance monitoring framework.

***Official Languages***

To better meet the GNWT's legal obligations for French Language services, the Department has hired a full time Manager, Official Languages. In collaboration with the Authorities, the departments of Education Culture and Employment (ECE) and Human Resources (HR), an action plan that guides the delivery of services in French in the NWT Health and Social Services system will be initiated during 2012-2013. It is anticipated that the plan will be finalized during 2013-2014.

## KEYACTIVITY 2 – PROGRAM DELIVERY SUPPORT

*Description*

The Department provides ongoing system wide program planning, standards development and advice in the delivery of health and social programs.

Health and Social Services **Human Resources** is responsible for coordinating system-wide planning and promotion of health and social services careers. This includes working in collaboration with the department of Human Resources to forecast health and social services human resources needs, and the design, delivery and evaluation of programs to support recruitment and retention specifically related to health and social services professionals.

The **Information Services Division** leads on informatics initiatives in support of the broader systemic goals of Health and Social Services. The Division provides operational support to departmental and territorial systems, and provides planning, implementation and investment support for new territorial health and social services initiatives, data standards, as well as coordination of *Access to Information, Protection of Privacy* requests and records management.

The **Health Services Administration Division** is responsible for the administration of the Health Benefits programs (including Insured Health Benefits, Extended Health Benefits, Catastrophic Health Benefits, Métis, Non-Insured Health Benefits and inter-jurisdictional billings for Hospital and Physician Services). The Division is also responsible for providing leadership and direction to the Authorities in the administration of Insured services, reciprocal billing and Health Benefits eligibility and registration. The Vital Statistics, Registrar General is also located in this division providing the registration and issuing of certificates for vital events that occur in the NWT.

The **Chief Public Health Officer** is responsible for establishing a system response to broad population health issues. This office guides wellness surveillance activities and coordinates responses in the areas of health promotion, environmental health disease control and epidemiology. The system's response to population health issues such as cancer, early childhood development and environmental contaminants are coordinated out of this office. The mandate and responsibilities of the Chief Public Health Officer are largely defined from the *NWT Public Health Act.*

The **Population Health Division** is responsible for services aimed at broad population health through co-ordination and ongoing management of health and wellness surveillance activities for the NWT. This includes the development of program standards, monitoring and evaluation in the areas of public health, health promotion, environmental health, disease control and epidemiology.

The **Territorial Health Services Division** ensures standards and policies are in place to guide the delivery of health services throughout the NWT. Specifically, this division is responsible for the planning, development, coordination, monitoring and review of: acute care; long-term care; homecare; seniors and persons with disabilities; rehabilitation; maternal and child health and oral health; community health programs and physician services.

**HSS Authorities Administration** includes funding to Health and Social Services Authorities for activities associated with management and administration.

*Other Initiatives for 2013-14*

To improve quality of care and patient outcomes the Department will continue work on projects such as a review of the current service delivery model, a chronic disease prevention and management model, development of a proposal for a territorial midwifery program and review and update of various clinical standards; as well as developing options for standardized homecare assessment, intake and reporting. HSS will also continue to advance eHealth solutions in support of improved quality of care.

***Health and Social Services Human Resource Planning*** - In collaboration with the department of Human Resources and the Authorities, the Department will develop a five-year health and social services human resource plan, which will identify priority needs for health and social services professionals and major pressure points to guide investments in this area. The Department will also continue to promote collaborative physician recruitment for the system and move forward with the establishment of a territorial physician pool.

***Information Technology Strategic Plan*** - An updated Territory-wide Health and Social Services informatics strategic plan will be prepared that will provide the vision for how informatics will enable and support business changes. It will also be the guide for evaluating priorities. In addition, a three-year roadmap to match the timeframe for the business plan will be prepared. The roadmap will be more detailed than the Informatics Strategic Plan and will provide a proposed logical order for investment based on risk, capacity and integration requirements.

***Electronic Medical Records (EMR)*** - the Department is undertaking a territory-wide (Enterprise) EMR project. Implementation of an Enterprise EMR will increase the quality of care, patient safety and improve health outcomes by transforming the way information is captured, integrated and shared between clinical providers. This will improve access to Specialists and connect patients and local care providers with virtual teams to enable service delivery in home communities. This technology is critical to support planned system innovation initiatives such as the Territorial Support Network and necessary changes to the Medical Travel program. This project is supported with a capital investment from Canada Health Infoway of up to $3.9M over a three year period, and an estimated $4,163,000 of capital investment from the GNWT. 2013-14 is year two of the 3-5 year EMR deployment project.

***Responding to Broad Population Health Issues***

Under the Office of the Chief Public Health Officer, the Department will lead on the response to broad population health issues as well as coordinating appropriate promotion and prevention activities.

*Cancer Awareness and Response* - The Department will support communities and individuals to better understand and take action on cancer. Actions will include:

- Working with communities to develop community responses, including prevention and promotion programs, public education and support for individuals and families coping with cancer;
- Partnering with research institutes and other jurisdictions to identify barriers to early screening and detection, and develop appropriate community-based responses;
- Working with Aboriginal organizations and communities to develop public education materials; and
- Improving supports for cancer patients, survivors and families.

*The Early Childhood Development Framework for Action* provides direction for program and service development in the area of early childhood and family development. The Framework is a collaboration between the departments of Education, Culture and Employment and Health and Social Services. Work under way in 2012-2013 to update and revitalize the ECD Framework will lead to the identification of potential areas for changes in existing programs and/or new services.

***Chronic Disease Management Model*** – Based on the planning work done in 2012/13 and subject to available resources the Department and Authorities will implement an NWT chronic disease management and prevention model to prevent and manage chronic diseases that will apply to all authorities and practitioners in the Northwest Territories.

***Midwifery*** - Subject to financial resources being available to develop clinical standards and an implementation plan, the Department will bring forward a request for funding for the implementation of a community based midwifery program for one NWT community; as recommended in the report, *Review and Expansion of Midwifery in the NWT.*

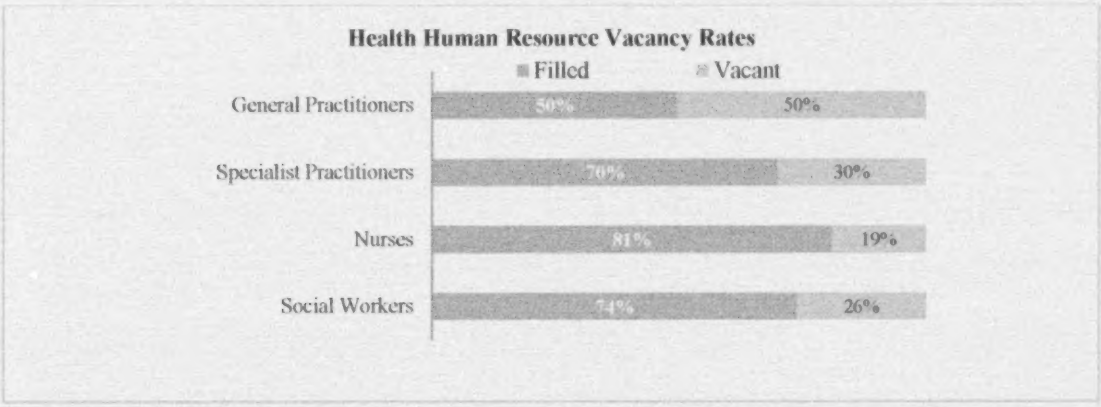
***Review and update of clinical standards*** – The department will continue to work with Authorities to integrate and modernize consistent standards, policies, best practices and decision making tools across the system. This may include: community health nursing standards, clinical guidelines related to chronic disease, continuing and long term care standards and clinical standards.

***Oral Health Promotion*** – Based on the results of a review conducted in 2012/13 the Department will recommend a new model of primary oral health promotion and prevention of dental disease to be delivered at the community level.

***Supported Independent Living for Seniors*** – The Department will collaborate with the NWT Housing Corporation to identify priorities related to the housing component of the Seniors continuum of programs and services.

*Performance Measures*

**Figure 1 - Health Human Resources Vacancy Rates as at March 31, 2012**




Source: Department of Human Resources, Stanton, Yellowknife Health and Social Services Authority

***What is being measured?***

The vacancy rate for general physicians, specialist physicians, nurses and social workers, by occupation sub-type

***Why is this of interest?***

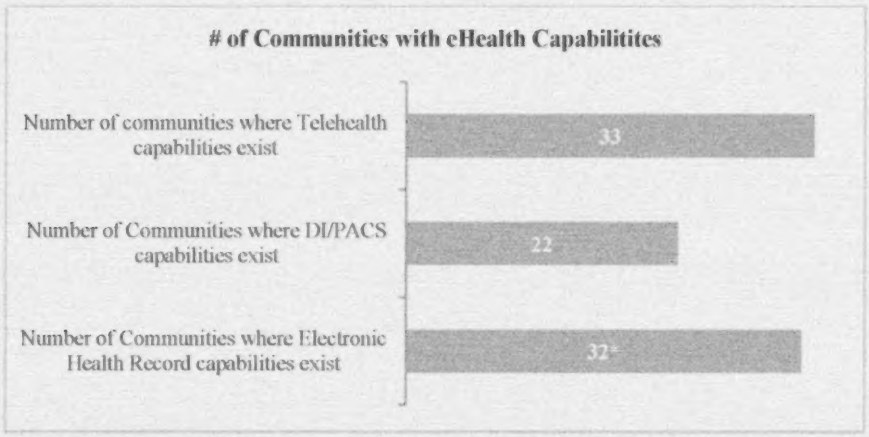
The national shortage of health care workers has shifted the nature of work agreements, resulting in an increased reliance on short-term locum healthcare professionals. This reliance on a temporary/locum workforce creates significant challenges in the delivery of consistent quality care and contributes to higher costs.

Monitoring and analysis of health human resource statistics will allow for the development of informed HHR planning, recruitment, education and training initiatives.

***How are we doing?***

As of March 31, 2012, the general practitioner vacancy rate is 50%, specialist practitioner vacancy rate is 30%, nurse vacancy rate is 19%, and social worker vacancy rate is 26%. Note that general physician vacancy rates are subject to change as the method for calculating these vacancies is being revised in order to consider the impact of locum physicians.

**Figure 2–eHealth Capabilities**


# of Communities with eHealth Capabilitites
Number of communities where Telehealth capabilities exist
33
Number of Communities where DI/PACS capabilities exist
22
Number of Communities where Electronic Health Record capabilities exist
32*

*The only community without access is the Hay River Reserve

Source: NWT Department of Health and Social Services

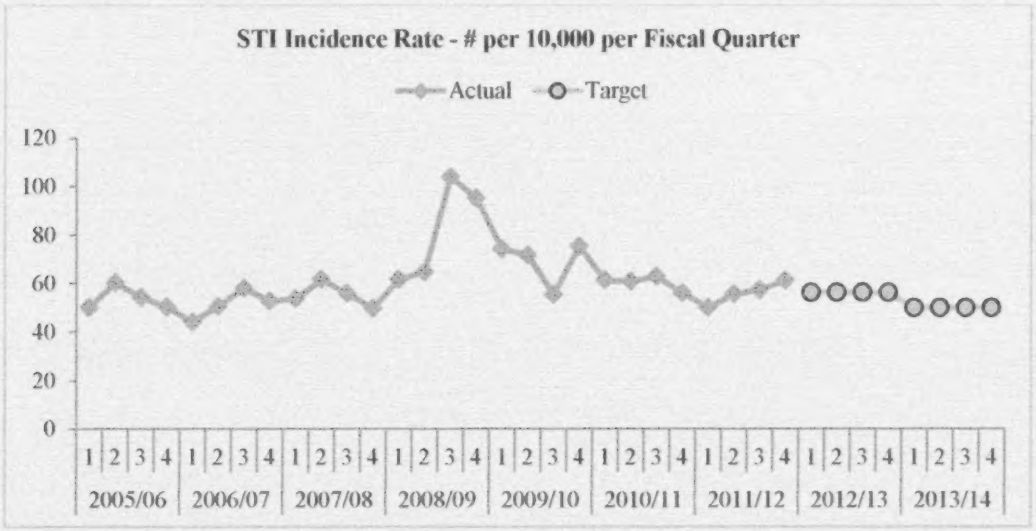
***What is being measured?***

Number of communities with access to eHealth technology

***Why is this of interest?***

Utilization of eHealth technology will improve patient access in communities and improve patient care and safety and increase efficiencies.

**Figure 3 - STI Incidence Rates to March 31, 2012**



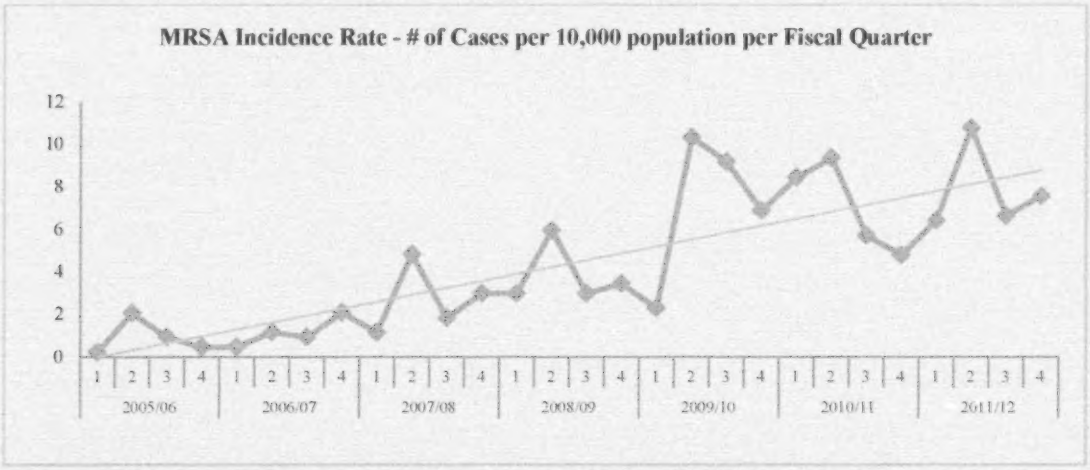

Source: NWT Department of Health and Social Services, NWT Bureau of Statistics, and the Public Health Agency of Canada.

***What is being measured?***
The incidence of sexually transmitted infections in the NWT

***Why is this of interest?***
STI rates can provide a proxy of the degree to which unsafe sex is being practiced. Unsafe sex can also spread other more serious infections such as Syphilis and HIV. This can also be used as a measure of the effectiveness of promotion and prevention programs.

***How are we doing?***
Over the last seven years, the quarterly incidence of STIs peaked in the last half of 2008/09 at just under 100 cases per 10,000. The rate has currently fallen to approximately where it was in 2005/06. The 2011/12 annual NWT rate is 225 cases per 10,000, which is over seven times higher than the national rate of 30 cases per 10,000 (2009).

**Figure 4 - MSRA Incidence Rates to March 31, 2012**




Source: NWT Department of Health and Social Services, NWT Bureau of Statistics.

***What is being measured?***

The incidence of methicillin-resistant staphylococcus aureus (MRSA) infection in the NWT

***Why is this of interest?***

MRSA infections are resistant to many antibiotics and pose a significant danger to the infected person. The potential for complications that can lead to death, such as blood stream infections and pneumonia, is increased in patients with MRSA. MRSA infections tend to be more prevalent in health care facilities such as long-term care facilities and hospitals, but also can be spread within the home and other locations. New strains of MRSA have appeared in community settings such as daycare centres, shelters, correctional facilities, mining camps and especially overcrowded homes.

The spread of MRSA can be reduced through regular bathing, hand washing, and the proper cleaning of clothing and bedding. The Office of the Chief Public Health Officer is working with the Health and Social Services Authorities to re-introduce the Superbug Awareness Campaign in communities where MRSA cases are increasing. The campaign, which rolled out in April 2011, focuses on updating Clinical Practice Guidelines for health care providers and increase public awareness to better control the spread of MRSA. By monitoring the incidence of MRSA the Department can assess the effectiveness of promotion and protection campaigns.

***How are we doing?***

The NWT is currently in the midst of an outbreak of MRSA infections. While the rate of infection has fluctuated dramatically in recent quarters, the trend appears to continue on a steep upwards incline.

## KEY ACTIVITY 3–HEALTH SERVICES PROGRAMS

*Description*

Health services to eligible northern residents in areas such as inpatient and outpatient services, public health and chronic care are provided through the Department and Authorities. Pursuant to the *Hospital Insurance and Health and Social Services Administration Act*, Health and Social Services Authorities are established to operate, manage and control facilities, programs and services.

Hospital Services

- funding to Authorities to provide primary, secondary and emergency care in NWT hospitals
- funding for insured hospital services to NWT residents outside the NWT

NWT Health Centres

- funding to Authorities to provide residents with primary care or "first contact" care through a system of health centers located throughout the NWT

Physician Services

- funding to Authorities to provide insured physician services inside the NWT
- funding for insured physician services to NWT residents outside the NWT

Medical equipment under $50,000

- funding for medical equipment under $50,000

*Other Initiatives for 2013-14*

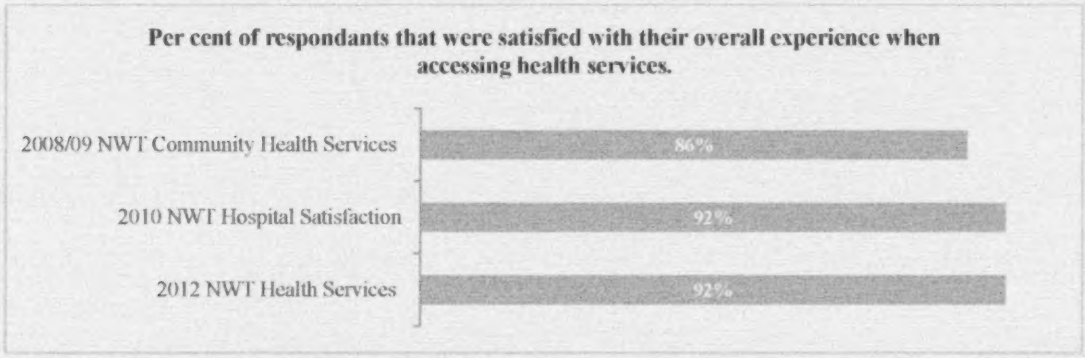
The Department will continue to work with Authorities to provide NWT residents with access to a comprehensive and integrated health system that provides quality care focused on patient safety.

The Department and Authorities will continue to employ eHealth solutions such as Telehealth, Lab Information System, Electronic Health Records, DI/PACS, and Telemedicine to increase efficiencies and maximize existing resources in the delivery of safe patient care.

Through ongoing quality improvement and measurement against national benchmarks and standards, the Department and Authorities will continue to improve patient care and safety. Ongoing review of referral processes for access to specialist services, treatment in out of territory facilities as well as medical evacuations will continue to improve the efficiencies in the system as well as ensuring patients are seen by the most appropriate care provider, resulting in the best patient outcomes.

*Performance Measures*

**Figure 5 – Respondents satisfied with overall care as at January 2012**


Per cent of respondants that were satisfied with their overall experience when accessing health services.
2008/09 NWT Community Health Services
86%
2010 NWT Hospital Satisfaction
92%
2012 NWT Health Services
92%

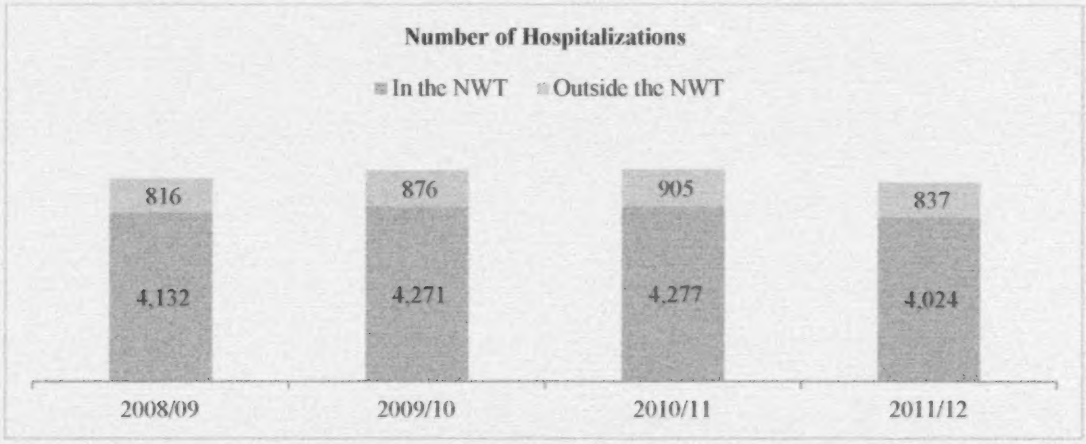
Source: NWT Department of Health and Social Services

***What is being measured?***
Percentage of NWT Health Care Satisfaction Questionnaire respondents who rated their overall experience as either, "Excellent", or "Good"

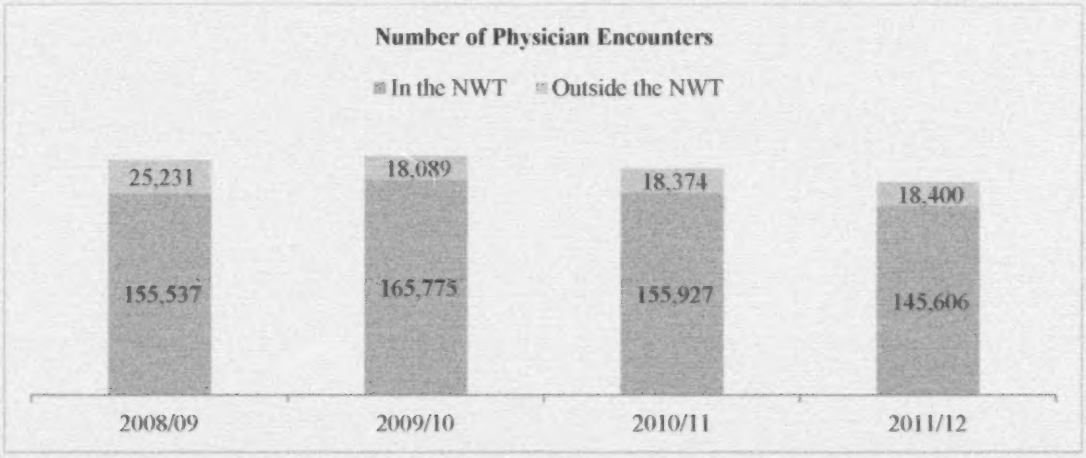
***Why is this of interest?***
Client satisfaction is a way of gauging the effectiveness of existing services and guiding future developments. Client satisfaction surveys provide NWT residents an opportunity to offer their input and identify where barriers to healthcare access may exist.

***How are we doing?***
In the 2012 NWT Health Services Satisfaction Survey, 92% of respondents stated they were satisfied with their overall experience when accessing health services.

**Figure 6 - Physician Encounters and Hospitalizations**




Note: Data from past differs from previous reports because the data synthesis method has been updated to be more accurate.
Source: NWT Department of Health and Social Services & Canadian Institute for Health Information, Discharge *Abstract Database*

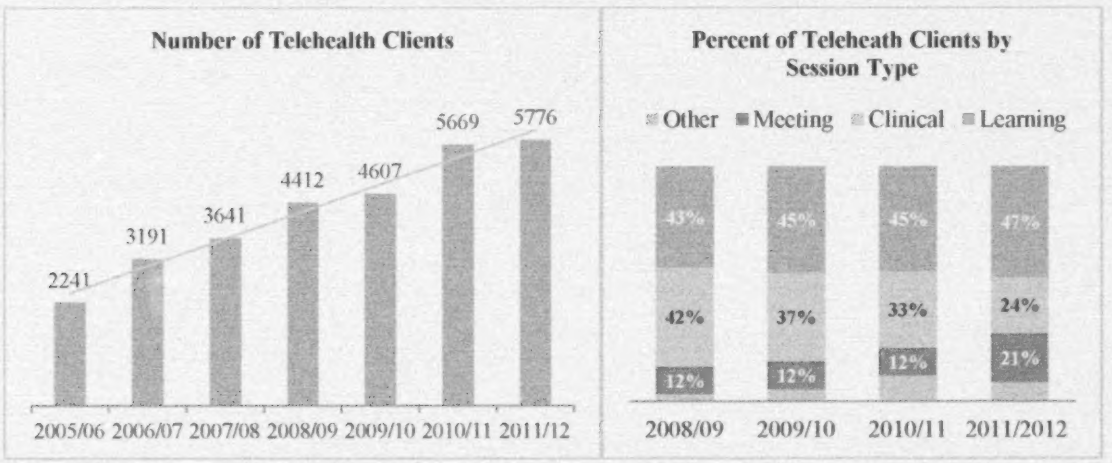



Note: Data from past years differs from previous reports because the numbers have been updated to include claims that were processed late.
Data Source: NWT Department of Health and Social Services, *Medicare Data Extract*

***What is being measured?***
The number of NWT residents admitted to hospital and the number of encounters NWT residents had with a physician

***Why is this of interest?***
Hospital and Physician services are two significant cost drivers in health care expenditures. They represent a significant proportion of the fiscal capacity required to serve the population of the NWT. It is important to acknowledge that many reasons for the use of hospital services are to a great extent preventable by making healthy lifestyle choices and/or getting help before the condition requires hospitalization.

**FIGURE 7 - Telehealth Utilization Data**




Source: NWT Department of Health and Social Services

***What is being measured?***

The overall number of telehealth clients and the percentage of telehealth clients by session type

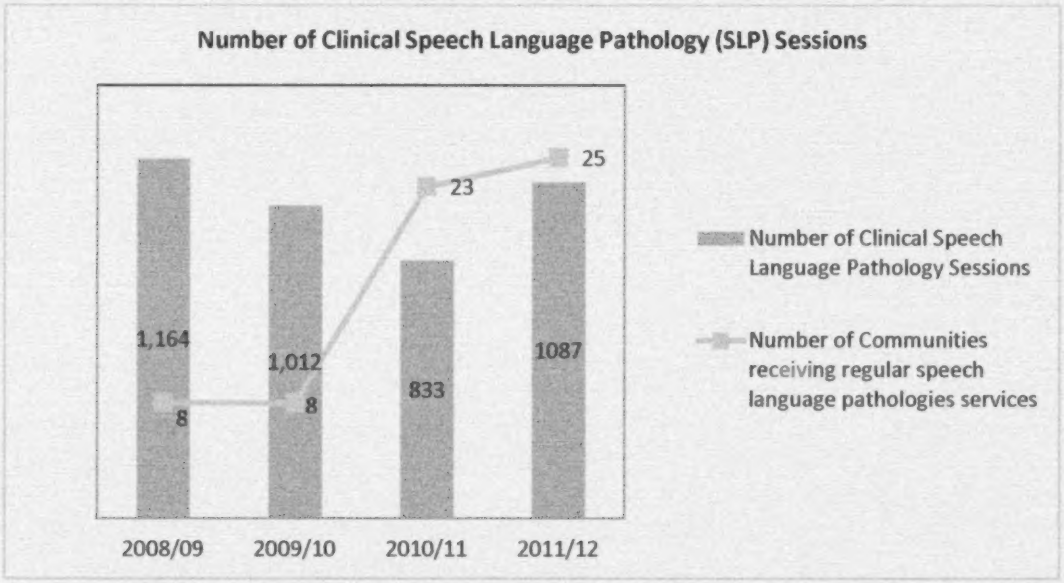
***Why is this of interest?***

Telehealth can increase access to care, particularly for those in remote areas or who would have difficulty accessing the health-care system. Telehealth can also help reduce medical and staff travel by providing remote access to clinical advice for patients and professionals as well as education sessions and meetings for health and social services professionals. Telehealth increases the knowledge base of health care professionals and encourages wider and more immediate participation in case management.

***How are we doing?***

The number of telehealth users has been consistently increasing since 2005/06. In 2011/12, there were 5,776 users. In the past years, the proportion of clients who were using telehealth for learning ranged from 43% to 47%. The proportion of clients using it for clinical reasons has dropped from 42% to 24%. Approximately 21% of clients used telehealth to hold meetings (as an example, long-term care clients utilize the system to have Sunday visits with family and loved ones). Approximately 47% were utilizing the system for learning purposes.

**Figure 8 – Speech Language Pathology**



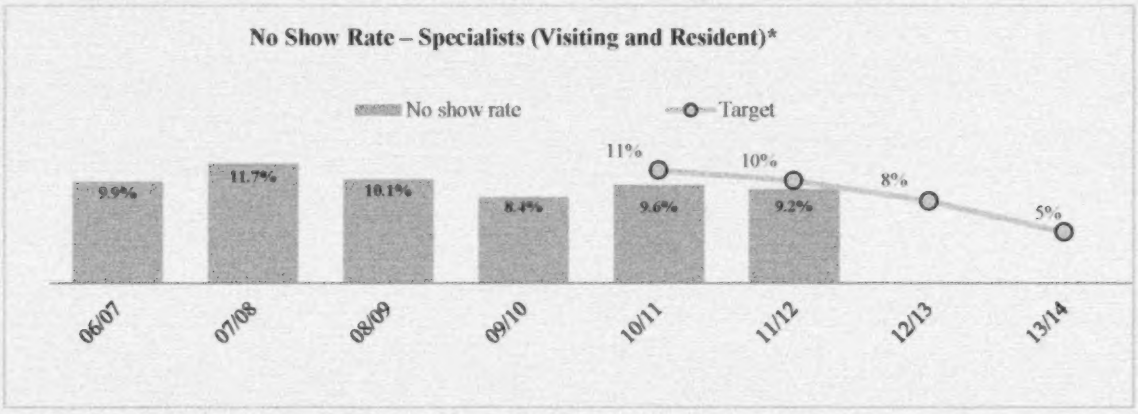

Source: NWT Department of Health and Social Services

***What is being measured?***
The number of Clinical Speech Language Pathology (SLP) sessions

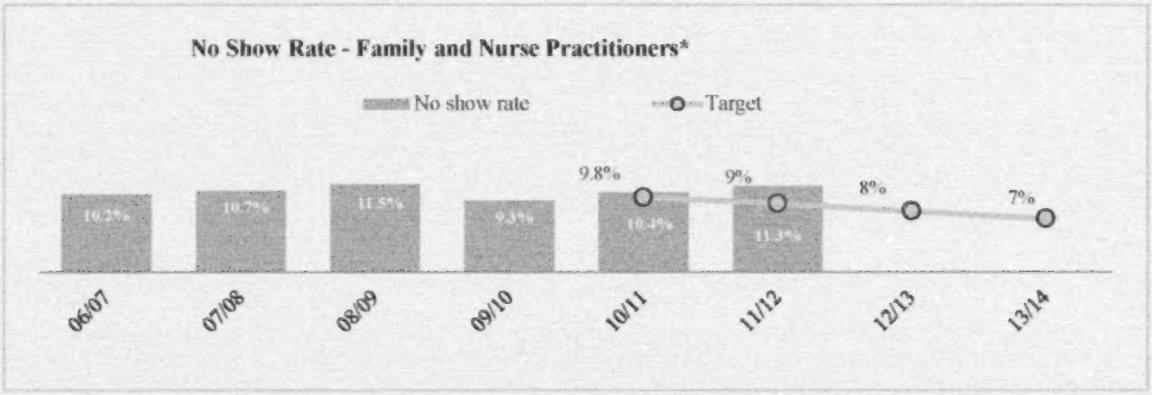
***Why is this of interest?***
Videoconferencing units ensure that residents, mainly children, are able to access the speech language services they require in their home communities. This is another example of how technology is being used to deliver services in our communities.

***How are we doing?***
There were 1087 clinical speech language pathology sessions in the 2011/12 fiscal year with 25 sites receiving regular sessions. The reach of Speech Language Pathology sessions in the NWT has increase in both the number of communities being served, and the number of sessions held.

**Figure 9 – No Show Rates**




Source: Stanton Territorial Hospital



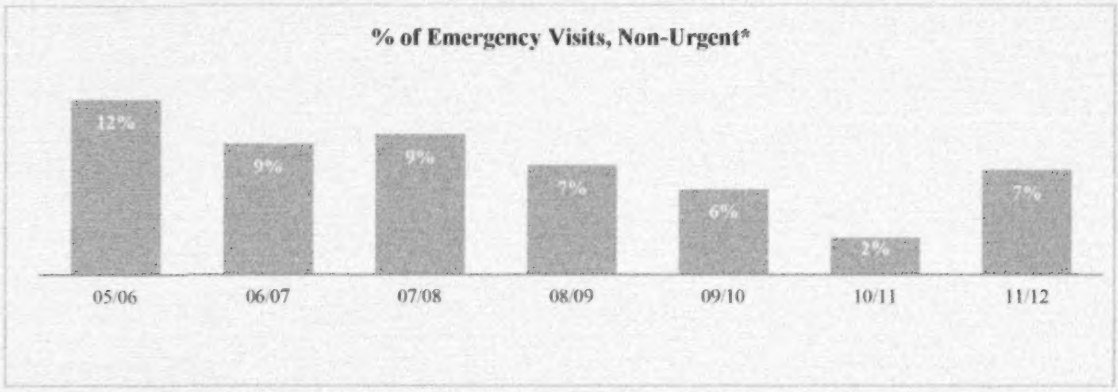

Source: Yellowknife Health and Social Services Authority / Sahtu Health and Social Services Authority

***What is being measured?***
Scheduled patient appointments with a physician specialist, family physician, or nurse practitioner, where the patient does not show up.

***Why is this of interest?***
Managing "no shows" contributes to sustainability of the health care system and ensures our resources are being used effectively and efficiently and that quality of care remains affordable.

***How are we doing?***
At Stanton, the *no-show* rate for specialists (excluding travel clinics and ophthalmology) has dropped by 0.7% from 9.9% in 2006/07 to 9.2% for the first half of 2011/12. Baseline for specialist *no-shows* was established in 2010/11 at 11%. The target for 2011/12 was 10%, the 2012/13 target is 8% and the 2013/14 target is 5%. Family physician and nurse practitioner baseline is 9.8% and 2013/14 target is 7% which is comparable to national rates.

**Figure 10 – Non urgent emergency room visits**




Source: Stanton Territorial Health Authority

***What is being measured?***

The proportion of emergency visits that are non-urgent, as defined by the Canadian Triage and Acuity Scale (CTAS) - CTAS categorizes the seriousness of a patient's condition in terms of the level of urgency required for their care. Level 1 is the highest urgency and level 5 (non-urgent) the lowest

***Why is this of interest?***

Inappropriate ER use makes it difficult to guarantee access for high emergency cases, decreases readiness to provide care, effects quality of care in the emergency room, and raises overall costs. Ensuring our resources are appropriately utilized and enabling patients to access the right services at the right time by the right provider will contribute to the sustainability of the system.

***How are we doing?***

At Stanton, the proportion of emergency visits considered non-urgent has decreased from 12% in 2005/06 to approximately 2% in 2010/11, but has since increased to 7% in 2011/12.

## KEY ACTIVITY 4 – SUPPLEMENTARY HEALTH PROGRAMS

*Description*

The Department provides Supplementary Health Programs, in accordance with policy, to residents who meet eligibility criteria. Benefits include eligible prescription drugs, appliances, supplies, prostheses, and certain medical travel expenses. Specific benefit programs are:

- Extended Health Benefits
- Métis Health Benefits
- Medical Travel Benefits
- Indigent Health Benefits

*Other Initiatives for 2013-14*

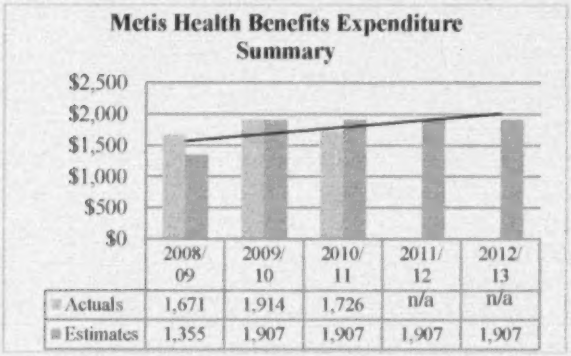
The Department in collaboration with the Authorities, and related service providers will continue to provide eligible residents of the NWT with access to supplementary health benefits and access to necessary services through a comprehensive medical travel system.

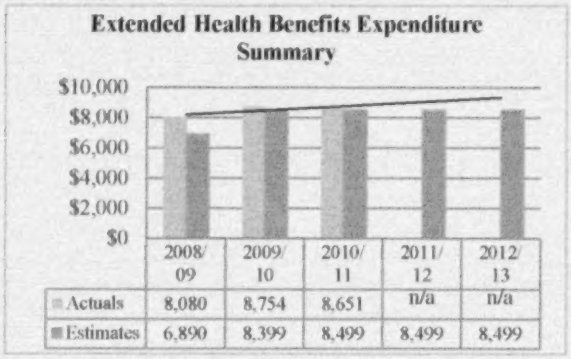
It is important that patients have appropriate access to services through a comprehensive and modern GNWT medical travel system and policy. Work will be undertaken in 2013/14 to update the GNWT policy and provide for a sustainable and standardized medical travel program. Potential benefits may include: greater efficiencies in the medical travel process, increased consistency in the clinical decisions regarding medical travel, mechanisms to track adherence to medical travel policies and better support for healthcare providers in the regions.

The Department will also undertake the work necessary to modernize supplementary health programs. This will include initiatives to address policy gaps as well as the implementation of an appeals process.

*Performance Measures*

**Figure 11 – Expenditures for the Métis and Extended Health Benefits**




Source: NWT Department of Health and Social Services

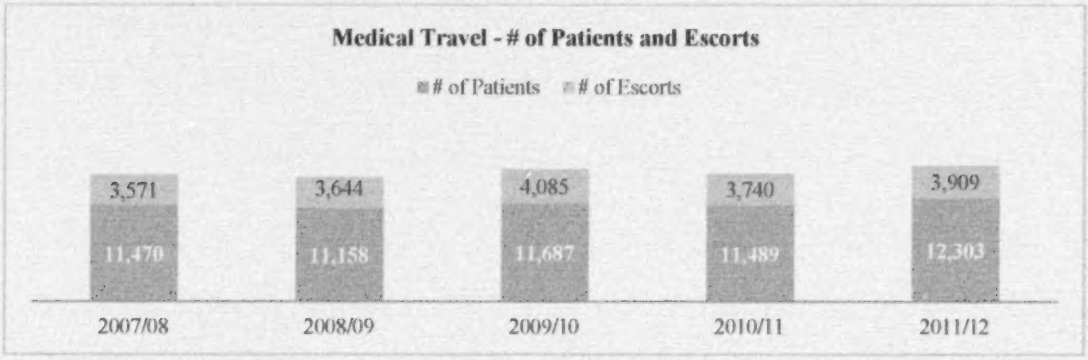
***What is being measured?***

Expenditures for the Métis and Extended Health Benefits

***Why is this of interest?***

The health care system is responsible for the delivery of health care services under the *Canada Health Act*. These services include primary health care (such as the services of physicians and other health professionals) and care in hospitals. In addition, some groups are provided supplementary health benefits not covered by the *Canada Health Act*. These benefits include prescription drug coverage, appliances, supplies, prostheses, and certain medical travel expenses.

**Figure 12 – Medical Travel Utilization**




Source: Stanton Territorial Health Authority

***What is being measured?***

The number of patients and the number of escorts using the medical travel program per fiscal year

***Why is this of interest?***

Medical travel is an important part of the health and social services system as it ensures that all residents have access to appropriate health care regardless of where they live. Monitoring medical travel is important to ensure we are appropriately meeting our clients' needs and managing costs where possible to ensure only medically necessary trips are taken and travel is maximized by linking numerous appointments.

***How are we doing?***

Eighty percent of travel trips are taken within the Territories, the majority being from small communities to regional centres to access basic health services. In last five years the number of patients travelling has fluctuated showing an increase of 7% over the five years between 2007/08 and 2011/12. The number of escorts has also grown by 9% over the same five years.

## KEY ACTIVITY 5 – COMMUNITY WELLNESS AND SOCIAL PROGRAMS

*Description*

This activity, under the coordination of the **Community Wellness and Social Services** Division, includes direct program delivery funding for prevention and promotion, mental health and addictions, and child and family services, as well as respite care, assisted living and institutional care including:

- Community social service workers in the areas of prevention, assessment, early intervention, and counselling and treatment services related to children, youth and families;
- Prevention, assessment, intervention, counselling and treatment programs and services to children and families, in compliance with the *Child and Family Services Act* and *Adoption Act*;
- Injury prevention strategies, health promotion, prevention, assessment, treatment and rehabilitation services for addictions, mental health, disabilities, chronic illnesses, and seniors;
- Long term care facilities, including group homes and residential care both inside and outside the NWT;
- Programs to enable individuals with special living requirements to stay in their homes as long as possible and services designed to assist living in the home;
- In accordance with legislation and policy, the Office of the Public Guardian responds to situations in which guardianship may be required to protect vulnerable adults: and
- Programs related to family violence and counseling.

*Other Initiatives for 2013-14*

Consistent with the parameters of the *Child and Family Services Act*, the *Public Health Act*, the *Guardianship and Trustee Act* and the *Adoption Act*, the Department will continue to work with Authorities to coordinate delivery of community based programs in support of overall health promotion, protection and social supports.

***Community Engagement***

*Community Wellness Plans* – The Department will continue to encourage and support communities in the development of their community wellness plans. These plans ensure that community-based wellness programs are designed at the grass-roots level and are implemented in ways that best meet the unique needs of each community.

*Child and Family Services Committees* – The Department will continue to encourage and support the establishment of Child and Family Services Committees, as enabled under *the Child and Family Services Act*, to enable communities to take greater responsibility for children who may need protection from abuse and neglect.

***Enhancing Services for Children and Families***

*Healthy Families Program* – By 2013/14 the Healthy Families Program will be operating in all regions in the NWT, including the Sahtu. In order to maximize the efficiency of our resources, planning will be undertaken to determine which communities would most benefit from the delivery of the program. Consideration will be given to factors such as: the number of births in a community, the capacity for existing staff to take on the delivery of the program, and the number of child and family services issues.

*Report on the Review of the Child and Family Services Act* - As outlined in the Health and Social Services Strategic Plan*: Building on Our Foundation*, the Department will continue work on the following initiatives that respond to the recommendations made by the Standing Committee on Social Programs in their *Report on the Review of the Child and Family services Act;*

- Provide plain language materials describing the purpose and administration of the *Child and Family Services Act* and improve training available to families and communities
- Develop information sharing protocols to improve case management;
- Enhance the recruitment of foster parents; and
- Review existing disability related programs and services available to NWT residents to identify gaps and opportunities for local, regional and territorial delivery.

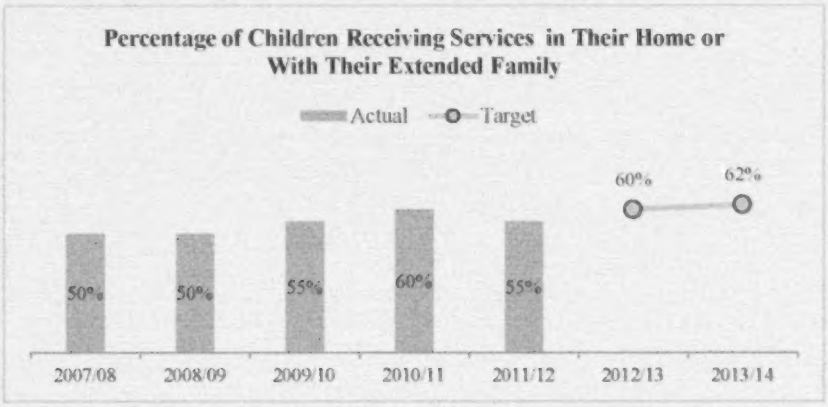
***Mental Health and Addictions***

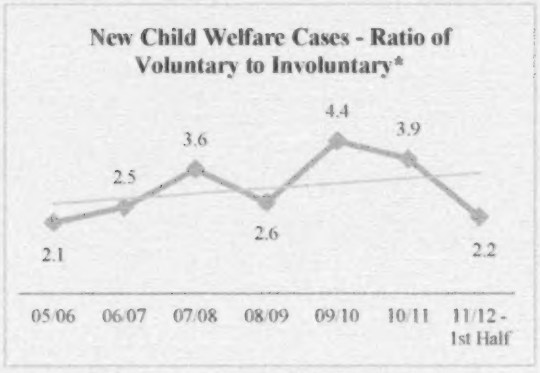
2013/14 will be year-two in the implementation of the mental health and addictions action plan – *A Shared Path Towards Wellness*. The Action Plan aims to improve mental health and addictions programs to ensure that people have access to a full range of programs to best meet their needs. It is based on four strategic initiatives – promoting understanding and awareness, focusing on the person, improving the availability and access to services and improving the effectiveness of services. Initiatives for 2013/14 include:

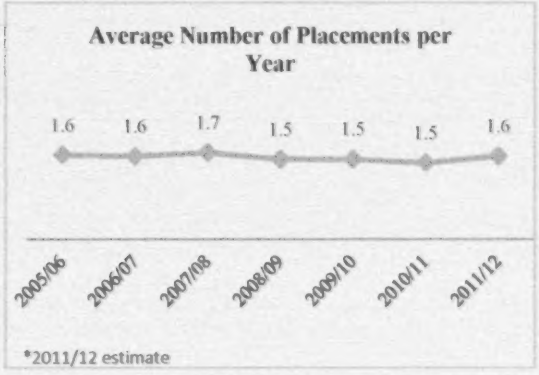
- Continue to provide mental health first aid training to two communities per region per year and offer TAMI (Talking About Mental Illness) program in schools;
- Continue to offer "My Voice, My Choice" activities in at least two communities each year
- Building on the successful pilot projects in Fort Good Hope and Fort Simpson, continue to integrate mental health and addictions referral process into the chronic disease management model;
- Develop case management standards and guidelines with Justice and ECE that address information sharing and improved coordination;
- In partnership with the Department of Justice, examine options for specialized court programs to improve response to Mental Health issues in the Justice system and collaborate on the delivery of addictions treatment in correctional facilities; and
- Work with ECE to integrate Mental Health and Addictions programs into the K-12 curriculum.

*Performance Measures*

**Figure 13 – Child and Family Services**




Source: NWT Department of Health and Social Services

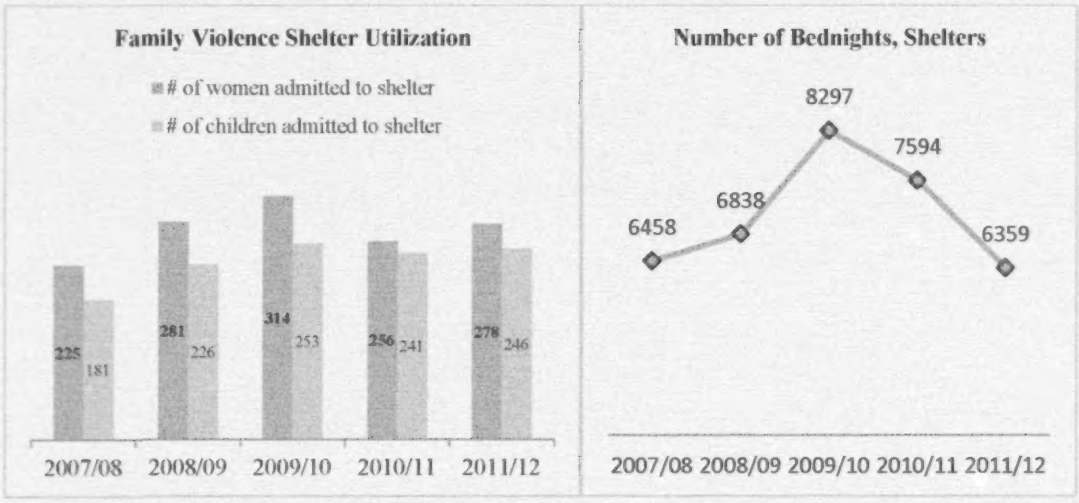
***Why is this of interest?***

In order to ensure the best outcomes for children and their families, every effort is made to keep children in their home community and preferably in their own home or with a relative. It is also preferable that the services be on a voluntary basis (least intrusive manner) and that the number of placements per/child, per/year be minimized, in order to provide a stable environment for children in care.

***How are we doing?***

- As of March 31, 2012, there were 555 children receiving services. Approximately 55% of those children are receiving services in their home or with extended family.
- Between 2005/06 and 2010/11, the ratio of new child welfare cases (receiving services) that are voluntary (plan of care, voluntary support or support services agreement) to involuntary (apprehended, permanent/temporary custody) has fluctuated. In the first half of 2011/12, the ratio has dropped back down to 2.2, consistent with 2005/06 levels.
- The average number of placements, per/child, per/year has decreased by 10% from 1.6 in 2005/06 to 1.5 in 2010/11.

**Figure 14 – Shelter Utilization**



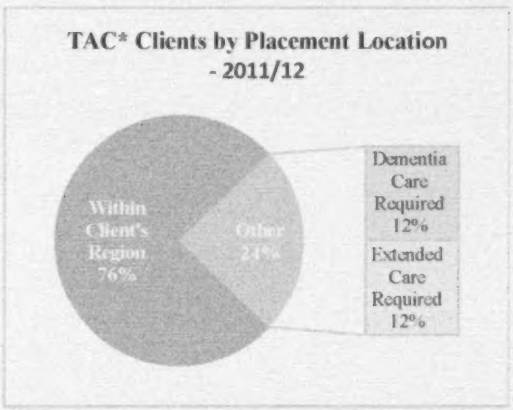

Source: NWT Department of health and social services

***What is being measured?***
The number of clients admitted to family violence shelters and the number of bed nights

***Why is this of interest?***
Utilization of family violence shelters tells us how many clients are being admitted to residential services. This information supports the ongoing provision of family violence programming based on capacity and funding levels.

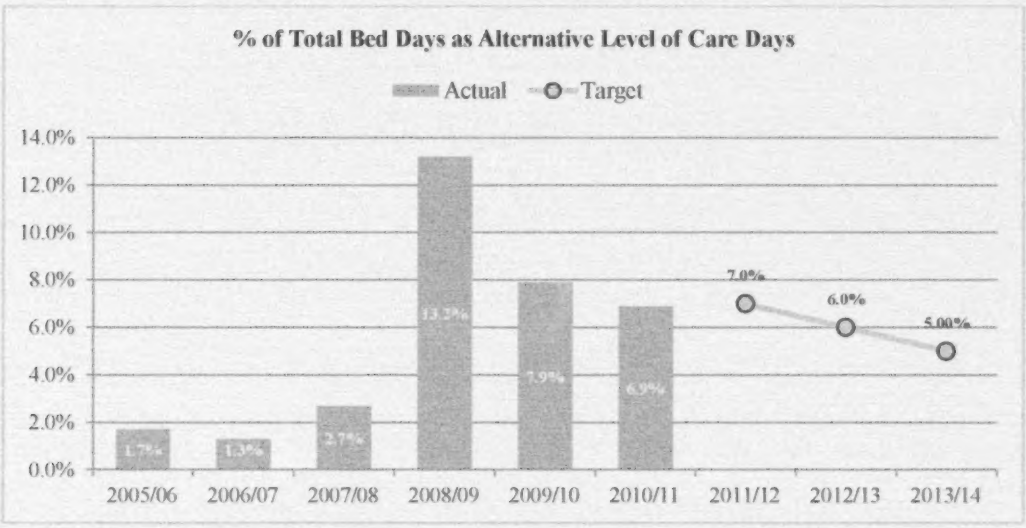
***How are we doing?***
In 2011/12, there was a slight increase in the number of clients being admitted to NWT shelters; however, we are seeing a decrease in the number of bednights from 7594 in 2010/11 to 6359 in 2011/12.

**Figure 15 – Long term care and Alternative Level of care**


TAC* Clients by Placement Location - 2011/12
Within Client's Region 76%
Other 24%
Dementia Care Required 12%
Extended Care Required 12%

**Long Term Care Facility Occupancy Rate**

| Facility Type | 2010/11 | 2011/12 |
|---|---|---|
| Overall | 93% | 97% |
| Long Term Care | n/a | 98% |
| Extended Care | n/a | 91% |
| Dementia Care | n/a | 98% |




Note: 2011/12 data currently being processed
Source: NWT Department of Health and Social Services
*Territorial Admissions Committee (TAC)

***What is being measured?***

The long term care (LTC) occupancy rate and the percentage of total bed days as alternate level of care (this indicator considers all patients, regardless of residency, discharged from the four acute care facilities in the NWT)

***Why is this of interest?***

The demand for long-term care is growing as the NWT population ages. The more clients there on the waitlist for long term care, the greater the pressure on other institutions and services. Clients eligible for LTC may end up in an acute care bed, or may suffer at home and not receive the most appropriate service when needed.

Alternative Level of Care (ALC) refers to those patients, who no longer need acute care services, but are waiting to be discharged to access a setting more appropriate to their level of care needs. The lower the proportion of ALC days to overall bed days, the greater the efficiency of health care resources. This contributes to the sustainability of the health and social services system.

***How are we doing?***

The long term care occupancy rate has increased from 93% in 2006/07 to 97% in 2011/12. Research suggests that the optimal occupancy rate is 95%. By better managing the occupancy rate, we can provide long term care beds for those who need them and prevent cases where clients end up in costly acute care or ALC beds.

The percentage of total bed days as ALC days is increasing in NWT Hospitals. However, a portion of this increase is due to better monitoring and tracking of acute care patients that become ALC patients.

# 2. RESPONDING TO PRIORITIES

## PRIORITY - BUILDING A STRONG AND SUSTAINABLE FUTURE FOR OUR TERRITORY

*Description*

Strengthening our relationships with Aboriginal and other northern governments

*Major Program and Service Initiatives Planned for 2013-14*

The Department will continue discussions with Aboriginal governments about reforming the health and social services governance system to allow for more effective system-wide operations and improved patient outcomes, while respecting and accommodating existing and emerging Aboriginal self-government arrangements.

## PRIORITY – INCREASING EMPLOYMENT OPPORTUNITIES WHERE THEY ARE NEEDED MOST

*Description*

Reducing dependency on government by encouraging people who are able to enter or remain in the workforce

*Major Program and Service Initiatives Planned for 2013-14*

- The Department will work with Education Culture and Employment (ECE) and other social envelope departments to implement actions identified in the GNWT response to the NWT Anti-Poverty Strategic Framework.

- The Department will work in collaboration with ECE, MACA, Justice and Transportation to implement actions from the Healthy Choices Action Plan to encourage people to stay healthy so that they are better able to enter and remain in the workplace.

- The Department will work with ECE and Industry, Tourism and Investment (ITI), to maximize employment, training and community wellness and business benefits through socio-economic agreements with industry.

*Description*

Supporting child care programs to help parents become or stay employed

*Major Program and Service Initiatives Planned for 2013-14*

The Department will work in collaboration with ECE on Early Childhood Development Programs such as the Healthy Family Program to provide support to families to better manage work and child care responsibilities.

## PRIORITY– STRENGTHENING AND DIVERSIFYING OUR ECONOMY

*Description*

Supporting economic development projects in the NWT

*Major Program and Service Initiatives Planned for 2013-14*

The Department will provide input and support on the GNWT's response to the challenges and opportunities generated through economic development.

*Description*

Supporting the traditional economy

*Major Program and Service Initiatives Planned for 2013-14*

The Department will work with Aboriginal and community governments to develop Community Wellness Plans that build on existing community assets and resources to provide services that best meet the local needs of the community. This may include support for on-the-land activities related to community wellness

*Description*

Developing a socially responsible and environmentally sustainable economic development and mining strategy

*Major Program and Service Initiatives Planned for 2013-14*

- HSS will collaborate with other GNWT departments on the development of a socially responsible and environmentally sustainable economic development and mining strategy.

- Through the Chief Public Health Officer, the Department researches, assesses and reports on the potential public health impacts of resource development activities within the NWT. This work is done collaboratively with other departments such as Environment and Natural Resources (ENR) and ITI.

## PRIORITY – ENSURING A FAIR AND SUSTAINABLE HEALTH CARE SYSTEM

*Description*

Investing in prevention, education, awareness and early childhood

*Major Program and Service Initiatives Planned for 2013-14*

- The Department will continue to explore the potential for reallocation of existing funds and leveraging of external funding sources to increase the investment in prevention and promotion; and will continue to monitor and evaluate existing investments to ensure results are being achieved.

- Carry out health promotion and prevention activities including, interventions and public messaging on physical activity, healthy eating, mental health and addictions, tobacco reduction and cessation, injury prevention and high-risk sexual activity.
- Work with other departments and community based organizations to provide mental health programming for youth.
- Sponsor public education and awareness programs aimed at reducing injuries in the NWT.
- Maintain communicable disease control by: implementing initiatives aimed at reducing sexually transmitted infections, coordinating surveillance and provider education, and pandemic preparedness.
- Coordinate early intervention screening including the Breast Cancer Screening Program and Colorectal Screening Program.
- Assist individuals to better manage their chronic disease to reduce complications and hospitalizations through the Diabetes Self-Management Pilot Program and the Diabetes Capacity Building Project.
- Focusing on prevention, we will continue to work closely with our community partners, other GNWT Departments and NGOs to address the needs of everyone affected by family violence and elder abuse.
- In collaboration with ECE, implement the renewed Early Childhood Development Framework for Action
- In collaboration with ECE, support communities in continuing to develop Child and Family Resource Centres (CFRCs) using an integrated service delivery model
- Partner with communities to develop culturally appropriate child development and prenatal programming. Some early childhood initiatives include:
  - Fetal Alcohol Spectrum Disorder (FASD) Prevention
  - Injury Prevention Education in the communities
  - Targeting pregnant women and women with infants up to 12 months of age to support activities related to nutrition screening, education and counseling, maternal nourishment, breastfeeding promotion, education and support
- In support of the Coalition Against Family Violence, the Department will support programs for children that witness family violence, develop and implement a social marketing strategy to raise awareness and develop comprehensive protocols to mobilize communities in non-shelter regions during crisis.
- Provide respite services to delay or avoid the foster placement of children with disabilities or complex needs.
- Deliver oral health promotion activities.
- Provide rehabilitation services such as physiotherapy, occupational therapy, speech language pathology and audiology.

*Description*

Enhancing addictions treatment programs using existing infrastructure

*Major Program and Service Initiatives Planned for 2013-14*

The Department will continue to provide mental health and addictions services as follows:

- The Community Counseling Program (CCP) provides mental health and addictions services that include prevention, treatment and aftercare programs. Timely access to these services helps to ensure that individuals are better equipped to fully participate and function optimally in their personal lives and in the workplace.
- On average, $6 million is invested annually in the Community Counseling Program and another $1 million in other related programs and initiatives such as the NWT Help Line and community-based on-the-land programs.
- There are 76 funded positions in the Community Counseling Program including Community Wellness Workers, Mental Health and Addictions Counselors and Clinical Supervisors in all regions.
- Approximately $2 million annually is invested in residential alcohol treatment and rehabilitation within the NWT
- Individuals requiring highly specialized addictions treatment unavailable in the NWT are referred to the Out-of-Territory Review Committee (OOTRC). The OOTRC reviews all referrals for alcohol and drug treatment outside of the NWT that are not covered by third party insurance and provides final approval based on the applications it receives.

The **Matrix Program**, a community based outreach addictions treatment program, has been operating successfully in Fort Smith for a number of years. The Matrix Program will be evaluated in 2012/13 to determine how, or if, it could be expanded to other NWT communities in 2013/14.

The Department will implement actions out of the **Mental Health and Addictions Action** plan: *A Shared Path Towards Wellness* to ensure access to comprehensive mental health and addictions services by:

- Increasing public understanding of mental health and addictions
- Integrating MHA programs into primary community care
- Improving access to services and increasing accountability; and
- Reducing barriers to treatment and resources through client-centered approaches, enhanced case management and better integration into the overall primary care model.

The Department will work with Aboriginal and community governments to develop **Community Wellness Plans** that build on existing community assets and resources to provide services that best meet the local needs of the community.

*Description*

Addressing health facility deficits

*Major Program and Service Initiatives Planned for 2013-14*

Through the GNWT's Capital Planning Process, the Department will continue to make strategic investments into critical and acute care facilities to meet standards related to infection control and allow for ongoing delivery of effective and safe patient care.

# 3. RESOURCESUMMARY

## Departmental Summary

| | (thousands of dollars) | | | |
|---|---|---|---|---|
| | Proposed 2013-14 Main Estimates | 2012-13 Revised Estimates | 2012-13 Main Estimates | 2011-12 Actuals |
| **Operations Expense** | | | | |
| Activity 1 – Directorate | 7,827 | 7,803 | 7,924 | 8,119 |
| Activity 2 – Program Delivery Support | 38,259 | 37,153 | 34,772 | 33,748 |
| Activity 3 – Health Services Programs | 192,194 | 192,989 | 192,989 | 201,937 |
| Activity 4 – Supplementary Health Programs | 24,743 | 26,243 | 26,243 | 26,364 |
| Activity 5 – Community Wellness and Social Services | 88,092 | 87,005 | 87,998 | 90,834 |
| **Total Operations Expense** | **351,115** | **351,193** | **349,926** | **361,002** |
| **Revenues** | **53,380** | **52,524** | **52,524** | **60,297** |

## Human Resource Summary

| Total Number of Employees | Proposed 2013-14 | 2012-13 | 2011-12 | 2010-11 |
|---|---|---|---|---|
| Department | 159 | 149 | 142 | 139 |
| Health and Social Service Authorities | 1,332 | 1,318 | 1,316 | 1,257 |

# Appendix I – Financial Information

*Operations Expense Summary*

| | | PROPOSED ADJUSTMENTS | | | |
|---|---|---|---|---|---|
| | 2012-13 Main Estimates | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers | 2013-14 Business Plans |
| **Activity 1 - Directorate** | | | | | | |
| Directorate Activity | 7,294 | (97) | - | - | - | 7,827 |
| **Total Activity 1** | **7,294** | **(97)** | - | - | - | **7,827** |
| **Activity 2 – Program Delivery Support** | | | | | | |
| Information Systems | 8,098 | 6 | - | (1) | (4) | 8,099 |
| Health and Social Services Human Resources | 3,947 | 100 | - | - | 1,278 | 5,325 |
| Health Services Administration | 1,751 | - | - | - | (148) | 1,603 |
| Territorial Health Services | 2,045 | 602 | - | - | - | 2,647 |
| Office of the Chief Public Health Officer | 937 | 822 | - | 275 | - | 2,034 |
| Population Health | 3,489 | 552 | 1 | (8) | (61) | 3,973 |
| HSS Authorities Administration | 14,505 | - | 73 | - | - | 14,578 |
| Amortization | - | - | - | - | - | - |
| **Total Activity 2** | **34,772** | **2,082** | **74** | **266** | **1,065** | **38,259** |
| **Activity 3 – Health Services Programs** | | | | | | |
| NWT Hospitals | 87,771 | - | 1,937 | - | (1,037) | 88,671 |
| NWT Health Centres | 28,846 | - | 528 | - | (2,839) | 26,535 |
| Out of Territories Hospitals | 19,123 | - | - | - | - | 19,123 |
| Physicians Inside the NWT | 43,519 | - | 966 | (350) | - | 44,135 |
| Physicians Outside the NWT | 5,333 | - | - | - | - | 5,333 |
| Medical Equipment under $50,000 | 1,102 | - | - | - | - | 1,102 |
| Amortization | 7,295 | - | - | - | - | 7,295 |
| **Total Activity 3** | **192,989** | **-** | **3,431** | **(350)** | **(3,876)** | **192,194** |
| **Activity 4 – Supplementary Health Programs** | | | | | | |
| Supplementary Health Programs | | | | | | |
| Indigent Health Benefits | 115 | - | - | - | - | 115 |
| Métis Health Benefits | 1,907 | - | - | - | - | 1,907 |
| Extended Health Benefits | 8,449 | - | - | - | - | 8,449 |

| | | PROPOSED ADJUSTMENTS | | | | |
|---|---|---|---|---|---|---|
| | **2012-13 Main Estimates** | **Restate** | **Forced Growth** | **Sunsets and Other Approved Adjustments** | **Transfers** | **2013-14 Business Plans** |
| Medical Travel | 15,772 | - | - | (1,500) | - | 14,272 |
| Amortization | - | - | - | - | - | - |
| **Total Activity 4** | **26,243** | **-** | **-** | **(1,500)** | **-** | **24,743** |
| **Activity 5 – Community Wellness and Social Services** | | | | | | |
| Community Wellness and Social Services | 21,682 | (490) | 146 | (199) | - | 21,139 |
| Prevention Services | 5,076 | (1,405) | - | 692 | - | 4,363 |
| Adult Continuing Care Services | 27,462 | (90) | 1,249 | - | - | 28,621 |
| Community Social Services | 33,033 | - | 191 | - | - | 33,224 |
| Amortization | 745 | - | - | - | - | 745 |
| **Total Activity 5** | **87,998** | **(1,985)** | **1,586** | **493** | **-** | **88,092** |
| **TOTAL DEPARTMENT** | **349,926** | **-** | **5,091** | **(1,091)** | **(2,811)** | **351,115** |

## Explanation of Proposed Adjustments to Operations Expense

| Activity / Task<br>Explanation of Proposed Adjustment | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers |
|---|---|---|---|---|
| **Activity 1 - Directorate** | | | | |
| Directorate Activity | | | | |
| Re-alignment of resources | (97) | - | - | - |
| **Total for Activity 1** | **(97)** | - | - | - |
| **Activity 2 - Program Delivery Support** | | | | |
| Information Systems | | | | |
| Re-alignment of resources | 6 | - | - | - |
| Sunset - Child and Family Services in 5 Communities | - | - | (1) | - |
| Implementation of Financial Shared Services in the Beaufort Delta | - | - | - | (4) |
| | 6 | - | (1) | (4) |
| Health and Social Services Human Resources | | | | |
| Re-alignment of resources | 100 | - | - | - |
| Transfer of 7 Recruitment and Retention Positions from HR | - | - | - | 974 |
| Transfer of Relevant Experience Program funding to HR | - | - | - | (200) |
| Transfer of Managing Northern Employment Initiative funding for Nurse Educator Mentorship from HR | - | - | - | 504 |
| | 100 | - | - | 1,278 |
| Health Services Administration | | | | |
| Implementation of Financial Shared Services in the Beaufort Delta | - | - | - | (148) |
| | - | - | - | (148) |
| Territorial Health Services | | | | |
| Re-alignment of resources | 602 | - | - | - |
| | 602 | - | - | - |
| Office of the Chief Public Health Officer | | | | |
| Re-alignment of resources | 822 | - | - | - |
| Prevention and Promotion Programs | - | - | 275 | - |
| | 822 | - | 275 | - |

| Activity / Task<br>Explanation of Proposed Adjustment | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers |
|---|---|---|---|---|
| Population Health | | | | |
| Re-alignment of resources | 552 | - | - | - |
| Ever-greening Program Vehicles | - | 1 | - | - |
| Sunset : HPV Vaccination Program | - | - | (8) | - |
| Transfer Lease Administration from HSS to PWS | - | - | - | (61) |
| | 552 | 1 | (8) | (61) |
| HSS Authorities Admin | | | | |
| Microsoft License Contract increase | - | 73 | - | - |
| | - | 73 | - | - |
| **Total for Activity 2** | **2,082** | **74** | **266** | **1,065** |
| **Activity 3 – Health Services Programs** | | | | |
| NWT Hospitals | | | | |
| BDHSSA : Standby, Callback and Shift Premiums | - | 202 | - | - |
| HRHSSA : South Slave Mammography | - | 171 | - | - |
| Supplies | - | 222 | - | - |
| STHA : Job Evaluation Appeal | - | 17 | - | - |
| STHA : Chemotherapy Drug Treatment | - | 166 | - | - |
| STHA : Dietary, Laundry, Housekeeping contract | - | 632 | - | - |
| STHA : Registration Clerk Staff | - | 335 | - | - |
| STHA : Surgical Daycare Compensation | - | 136 | - | - |
| Ever-greening Program Vehicles | - | 56 | - | - |
| Transfer Lease Administration from HSS to PWS | - | - | - | (1,037) |
| | - | 1,937 | - | (1,037) |
| NWT Health Centres | | | | |
| BDHSSA : Standby, Callback and Shift Premiums | - | 445 | - | - |
| Supplies | - | 19 | - | - |
| Ever-greening Program Vehicles | - | 64 | - | - |
| Transfer Lease Administration from HSS to PWS | - | - | - | (2,839) |
| | - | 528 | - | (2,839) |

| Activity / Task<br>Explanation of Proposed Adjustment | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers |
|---|---|---|---|---|
| Physicians Inside the NWT | | | | |
| Sunset - Base Deficiency for Physicians resulting from Maternity leave costs | - | - | (350) | - |
| Physicians Contract | - | 966 | - | - |
| | - | 966 | (350) | - |
| **Total for Activity 3** | - | **3,431** | **(350)** | **(3,876)** |
| **Activity 4 – Supplementary Health Programs** | | | | |
| Medical Travel | | | | |
| Sunset - Air Charter Medivac Services | - | - | (1,500) | |
| **Total for Activity 4** | - | - | **(1,500)** | - |
| **Activity 5 – Community Wellness and Social Services** | | | | |
| Community Wellness and Social Services | | | | |
| Re-alignment of resources | (490) | - | - | - |
| BDHSSA : Inuvik Group Home | - | 146 | - | - |
| Sunset - Child and Family Services in 5 Communities | - | - | (499) | - |
| Prevention and Promotion Programs | - | - | 300 | - |
| | (490) | 146 | (199) | - |
| Prevention Services | | | | |
| Re-alignment of resources | (1,405) | - | - | - |
| Prevention and Promotion Programs | - | - | 325 | - |
| Family Violence Action Plan | - | - | 367 | - |
| | (1,405) | - | 692 | - |
| Adult Continuing Care Services | | | | |
| Re-alignment of resources | (90) | - | - | - |
| YHSSA : Non-Government Organization AVENS | - | 356 | - | - |
| BDHSSA : Billy Moore Group Home | - | 303 | - | - |
| BDHSSA : Charlotte Vehus Group Home | - | 590 | - | - |
| | (90) | 1,249 | - | - |

| **Activity / Task**<br>Explanation of Proposed Adjustment | **Restate** | **Forced Growth** | **Sunsets and Other Approved Adjustments** | **Transfers** |
|---|---|---|---|---|
| Community Social Services | | | | |
| BDHSSA : Standby, Callback and Shift Premiums | - | 191 | - | - |
| | - | 191 | - | - |
| **Total for Activity 5** | **(1,985)** | **1,586** | **493** | **-** |
| **TOTAL PROPOSED ADJUSTMENTS** | **-** | **5,091** | **(1,091)** | **(2,811)** |

## Major Revenue Changes: 2012-13 Main Estimates to 2013-14 Business Plan

(thousands of dollars)

| Revenue Item | 2012-13 Main Estimates | 2013-14 Business Plans |
|---|---|---|
| **Transfer Payment** | | |
| Wait Times Reduction Trust | 315 | 315 |
| Territorial Health Access Fund - Extended Territorial Health System Sustainability Initiative (THSSI) | 4,333 | 4,333 |
| Medical Travel Fund - Extended Territorial Health System Initiative (THSSI) | 3,200 | 3,200 |
| Hospital Care - Status Indians and Inuit | 21,034 | 21,455 |
| Medical Care - Status Indians and Inuit | 7,239 | 7,384 |
| | **36,121** | **36,687** |
| **General** | | |
| Professional Licenses Fees | 140 | 180 |
| Vital Statistics Fees | 100 | 100 |
| Environmental Health Fees | 20 | 20 |
| NWTHC Subsidy - Northern Lights Special Care Home | - | - |
| | **260** | **300** |
| **Other Recoveries** | | |
| Reciprocal Billing - Inpatient Services | 3,000 | 3,000 |
| Reciprocal Billing - Hospital Services for Nunavut | 8,500 | 8,500 |
| Reciprocal Billing - Medical Services | 500 | 500 |
| Reciprocal Billing - Specialist Physicians for Nunavut | 1,500 | 1,500 |
| Special Allowances | 1,000 | 1,000 |
| Third Party Recoveries | - | - |
| | **14,500** | **14,500** |
| **Grant in Kind** | | |
| Rockhill Apartments (lease to YWCA) | 443 | 443 |
| | **443** | **443** |
| **Capital** | | |
| Amortization of Capital Contributions | 1,200 | 1,450 |
| | **1,200** | **1,450** |
| | **52,524** | **53,380** |

*Proposed Adjustments to Grants and Contributions: 2012-13 Main Estimates to 2013-14 Business Plan*

(thousands of dollars)

| Key Activity | Explanation of Proposed Adjustment | 2012-13 Main Estimates | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers | 2013-14 Business Plan |
|---|---|---|---|---|---|---|---|
| **Activity 1 - Directorate** | | | | | | | |
| Tlicho Cultural Co-ordinator | | 35 | - | - | - | - | 35 |
| **Total for Activity 1** | | **35** | **-** | **-** | **-** | **-** | **35** |
| **Activity 2 – Program Delivery Support** | | | | | | | |
| Telehealth Co-ordinators (Information Systems) | | 100 | - | - | - | - | 100 |
| NWT Wide Picture Archive and Communications System (PACS) | | 100 | - | - | - | - | 100 |
| LIS Administrator | | 118 | - | - | - | - | 118 |
| Professional Development, Recruitment and Retention | | 2,901 | - | - | - | - | 2,901 |
| Primary Care (Health Systems Planning) | | | | | | | |
| | Re-alignment of resources | 473 | 41 | - | - | - | 514 |
| Office of CPHO contributions | | | | | | | |
| | Re-alignment of resources (Healthy Choices) | - | 665 | - | - | - | - |
| | Prevention and Promotion Programs | - | - | - | 50 | - | - |
| | | | | | | | 715 |
| Health Protection Contributions | | | | | | | |
| | Re-alignment of resources | - | 10 | - | - | - | 10 |
| HSS Authorities Administration | | | | | | | |
| | Authorities - Microsoft Licensing | 14,505 | - | 73 | - | - | 14,578 |
| **Total for Activity 2** | | **18,197** | **716** | **73** | **50** | **-** | **19,036** |

| Key Activity | Explanation of Proposed Adjustment | 2012-13 Main Estimates | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers | 2013-14 Business Plan |
|---|---|---|---|---|---|---|---|
| | | (thousands of dollars) | | | | | |
| **Activity 3 – Health Services Programs** | | | | | | | |
| **Grants** | | | | | | | |
| Medical Professional Development | | 40 | - | - | - | - | 40 |
| **Contributions** | | | | | | | |
| Hospital Services (NWT Hospitals) | | 80,873 | | | | | |
| | BDHSSA : Standby, Call-back and Shift Premiums | - | - | 202 | - | - | - |
| | HRHSSA : South Slave Mammography | - | - | 171 | - | - | - |
| | Supplies | - | - | 222 | - | - | - |
| | STHA : Job Evaluation Appeal | - | - | 17 | - | - | - |
| | STHA : Chemotherapy Drug Treatment | - | - | 166 | - | - | - |
| | STHA : Dietary, Laundry, Housekeeping contract | - | - | 632 | - | - | - |
| | STHA : Registration Clerk Staff | - | - | 335 | - | - | - |
| | STHA : Surgical Daycare Compensation | - | - | 136 | - | - | - |
| | Ever-greening Program Vehicles | - | - | 56 | - | - | - |
| | Transfer Lease Administration from HSS to PWS | - | - | - | - | (1,037) | - |
| | | | | | | | 81,773 |
| Health Centres | | 28,846 | | | | | |
| | BDHSSA : Standby, Call-back and Shift Premiums | - | - | 445 | - | - | - |
| | Supplies | - | - | 19 | - | - | - |
| | Ever-greening Program Vehicles | - | - | 64 | - | - | - |
| | Transfer Lease Administration from HSS to PWS | - | - | - | - | (2,839) | - |
| | | | | | | | 26,535 |
| Physician Services to NWT Residents | | | | | | | |
| | Contract with NWT Medical Assoc for Family Practitioners and Specialists and Fee for Service Schedule | 39,450 | - | 966 | - | - | - |
| | Sunset - Base Deficiency for Physicians resulting from Maternity leave costs | - | - | - | (350) | - | - |
| | | | | | | | 40,066 |
| Medical Equipment under $50,000 | | 250 | - | - | - | - | 250 |
| **Total for Activity 3** | | **149,459** | - | **3,431** | **(350)** | **(3,876)** | **148,664** |

(thousands of dollars)

| Key Activity | Explanation of Proposed Adjustment | 2012-13 Main Estimates | Restate | Forced Growth | Sunsets and Other Approved Adjustments | Transfers | 2013-14 Business Plan |
|---|---|---|---|---|---|---|---|
| **Activity 4 – Supplementary Health Programs** | | | | | | | |
| Medical Travel Benefits | | | | | | | |
| Sunset - Air Charter Medevac Services | | 15,772 | - | - | (1,500) | - | 14,272 |
| **Total for Activity 4** | | 15,772 | - | - | (1,500) | - | 14,272 |
| **Activity 5 – Community Wellness and Social Services** | | | | | | | |
| **Grants** | | | | | | | |
| Rockhill Apartments | | 443 | - | - | - | - | 443 |
| **Contributions** | | | | | | | |
| Health Awareness, Activities and Education | | 1,344 | | | | | |
| Sunset - Child and Family Services in 5 Communities | | - | - | - | (435) | - | - |
| Prevention and Promotion | | - | - | - | 300 | - | - |
| | | | | | | | 1,209 |
| Children's Services | | | | | | | |
| Intervention (Protective Services) | | 956 | - | - | - | - | 956 |
| Foster Care | | 7,689 | - | - | - | - | 7,689 |
| Residential Care | | | | | | | |
| BDHSSA : Inuvik Group Home | | 3,598 | - | 146 | - | - | 3,744 |
| Prevention Services | | | | | | | |
| Authorities | | 320 | - | - | - | - | 320 |
| Department | | 2,588 | | | | | |
| Re-alignment of resources | | - | (675) | - | - | - | - |
| Prevention and Promotion | | - | - | - | 250 | - | - |
| Family Violence Action Plan | | - | - | - | 285 | - | - |
| | | | | | | | 2,448 |
| Residential Care - Elderly & Persons with Disabilities | | 19,970 | | | | | |
| YHSSA - Non-Government Organizations - AVENS | | - | - | 356 | - | - | - |
| BDHSSA : Billy Moore Group Home | | - | - | 303 | - | - | - |
| BDHSSA : Charlotte Vehus Group Home | | - | - | 590 | - | - | - |
| | | | | | | | 21,219 |

| | | (thousands of dollars) | | | | | |
|---|---|---|---|---|---|---|---|
| **Key Activity** | **Explanation of Proposed Adjustment** | **2012-13 Main Estimates** | **Restate** | **Forced Growth** | **Sunsets and Other Approved Adjustments** | **Transfer** | **2013-14 Business Plan** |
| Community Services | | | | | | | |
| social services delivery | | | | | | | |
| BDHSSA : Standby, Call-back and Shift Premiums | | 20,168 | - | 174 | - | - | 20,342 |
| non-government organizations' residential care | | 2,931 | - | - | - | - | 2,931 |
| family violence | | 2,752 | - | - | - | - | 2,752 |
| community wellness programs | | 1,803 | - | - | - | - | 1,803 |
| homecare | | | | | | | |
| BDHSSA : Standby, Call-back and Shift Premiums | | 5,379 | - | 17 | - | - | 5,396 |
| **Total for Activity 5** | | **69,941** | **(675)** | **1,586** | **400** | **-** | **71,252** |
| **TOTAL PROPOSED ADJUSTMENTS** | | **253,404** | **41** | **5,090** | **(1,400)** | **(3,876)** | **253,259** |

# Appendix II – Human Resources Reconciliation

*Position Changes: 2012-13 Main Estimates to 2013-14 Business Plan*

**DEPARTMENT**

| | Number of Positions | Location | Total |
|---|---|---|---|
| **2012-2013 Main Estimates** | | | |
| Yellowknife Headquarters | 130 | Yellowknife | 130 |
| Beaufort-Delta | 19 | Inuvik | 19 |
| | **149** | | **149** |
| **Reductions:** | - | - | - |
| **Sunset:** | | | |
| Child and Family Services Committees in 5 Communities: | | | |
| CFS Committee Co-ordinator | (1) | Yellowknife | (1) |
| **Transfers:** | | | |
| Implementation of Financial Shared Services in the Beaufort-Delta | | | |
| Manager, Financial Operations | (1) | Inuvik | (1) |
| Finance and Admin Officer | (1) | Inuvik | (1) |
| **Transfer Corporate Human Resources Recruitment Support Unit from HR:** | | | |
| Manager, Recruitment Support, Health Recruitment Specialist, Mentorship Co-ordinator, Recruitment Program Officer, Nurse Educator Mentor | 5 | Yellowknife | 5 |
| Professional Development Initiative Training Officers | 2 | Inuvik | 2 |
| Nurse Educator Mentor | 1 | Yellowknife | 1 |
| Nurse Educator Mentor | 1 | Inuvik | 1 |
| Nurse Educator Mentor | 1 | Hay River | 1 |
| **Internal Reallocation:** | | | |
| Chief Public Health Officer | 1 | Yellowknife | 1 |
| **New Positions from Other Sources:** | | | |
| Territorial Health System Sustainability Initiative [sunsets 2014-15] | | | |
| Project Manager - Medical Travel | 1 | Yellowknife | 1 |
| Policy Officer - Health Benefits | 1 | Yellowknife | 1 |
| **Total Proposed Positions 2013-14 Business Plan** | | | |
| Yellowknife Headquarters | 138 | Yellowknife | 138 |
| Beaufort-Delta | 20 | Inuvik | 20 |
| Hay River | 1 | Hay River | 1 |
| | 159 | | 159 |
| **Increase (Decrease)** | **10** | - | **10** |

## HEALTH AND SOCIAL SERVICES AUTHORITIES

| | Number of Positions | Location | Total |
|---|---|---|---|
| **2012-2013 Main Estimates** | 1,318 | | 1,318 |
| **Forced Growth:** | | | |
| Mammography Support - HRHSSA | 1 | Hay River | 1 |
| Registration Clerk - STHA | 3 | Yellowknife | 3 |
| Registration Clerk - STHA (Part Time) | 1 | Yellowknife | 1 |
| **Transfer Position:** | | | |
| Laboratory Information Systems Administrator - STHA | (1) | Yellowknife | (1) |
| Laboratory Information Systems Administrator (Authority TBD) | 1 | TBD | 1 |
| **Internal Reallocation:** | | | |
| Executive Assistant - STHA (Part Time) | (1) | Yellowknife | (1) |
| RN - Emergency - STHA (Part Time) | (1) | Yellowknife | (1) |
| RN - Emergency - STHA | 1 | Yellowknife | 1 |
| Oncology Nurse Navigator - STHA (Part Time) | 1 | Yellowknife | 1 |
| Home Support Worker - YHSSA | (1) | Yellowknife | (1) |
| Clinic Administrative Officer - YHSSA (Part Time) | (1) | Yellowknife | (1) |
| Clinic Administrative Officer - YHSSA | 1 | Yellowknife | 1 |
| Community Health Representative - SHSSA (Part Time) | 1 | Deline | 1 |
| Regional Dental Therapist - SHSSA | 1 | Norman Wells | 1 |
| Health Promotion & Prevention Worker - SHSSA | (1) | Fort Good Hope | (1) |
| Health Promotion & Prevention Worker - SHSSA | (1) | Tulita | (1) |
| Community Health Representative - SHSSA (Part Time) | 1 | Tulita | 1 |
| Recreation Assistant - HRHSSA (Part Time) | 1 | Hay River | 1 |
| POS Worker - HRHSSA | (1) | Hay River | (1) |
| Utility Worker 1 - HRHSSA | 1 | Hay River | 1 |
| SLS Custodian Worker - HRHSSA (Part Time) | (1) | Hay River | (1) |
| Seasonal Groundskeeper - HRHSSA (Part Time) | (1) | Hay River | (1) |
| Manager, Acute Care - HRHSSA | 1 | Hay River | 1 |
| **Corrections to Position Count:** | | | |
| Billing Clerk - FSHSSA | 1 | Fort Smith | 1 |
| Registered Nurse - FSHSSA | 1 | Fort Smith | 1 |
| Nurse Practitioner - FSHSSA(Part Time) | 1 | Fort Smith | 1 |
| Receptionists And Switchboard - FSHSSA(Part Time) | 1 | Fort Smith | 1 |
| LPN - FSHSSA | 2 | Fort Smith | 2 |
| Medical Records Clerk - FSHSSA | 1 | Fort Smith | 1 |
| Registration Area Pool - FSHSSA(Part Time) | 1 | Fort Smith | 1 |
| RN Dialysis - FSHSSA(Part Time) | 2 | Fort Smith | 2 |
| RN Dialysis - FSHSSA | (1) | Fort Smith | (1) |
| CSR - FSHSSA(Part Time) | (1) | Fort Smith | (1) |
| CSR - FSHSSA | 1 | Fort Smith | 1 |
| **Total Proposed Positions 2013-14 Business Plan** | **1,332** | | **1,332** |
| **Increase (Decrease)** | **14** | - | **14** |

## Appendix III – Infrastructure Investments

*Planned Activities – 2013-14*

**Planning Studies**
The Department will complete planning Studies for the following proposed projects, to bring forward for consideration for inclusion in the GNWT Infrastructure Plan.

- Future redevelopment of Stanton Territorial Hospital
- Fort Simpson Health and Social Services Centre
- Tulita Health and Social Services Centre
- Fort Resolution Health and Social Services Centre
- Lutsel K'e Health and Social Services Centre
- Additional planning studies will be proposed as part of the Department's initiative to refocus its ongoing capital planning.

**Medical Equipment**
To continue to deliver safe and efficient quality health services, facilities across the NWT require ongoing medical equipment replacement and investment. The Biomedical Engineering unit within Stanton maintains more than 2,500 pieces of biomedical equipment across the north (valued at over $30M) and is responsible for assessing and forecasting needs on behalf of all the Authorities.

**Health and Social Services Centre - Fort Smith**
The first phase of renovations is scheduled to be finished in 2012. Phases 2 and 3 of this project are anticipated to be completed in 2013/14.

**Health Centre – Hay River**
The design build contract was awarded in July 2012. The operational planning and functional programming are complete for the new Health Centre. The next step will be finalization of the schematic design scheduled for the fall 2012, which will pave the way for work on the foundation to commence in the spring. It is anticipated that there will be a three year design and construction period, with the new Centre opening its doors in the fall of 2015.

**Long Term Care Facility - Behchokó**
Replace the existing 8-bed facility with a new 18-bed facility based on the Department's Long Term Care facility prototype. Construction began in May2012. Phase 1 will be completed by August 2013 and Phase 2 by September 2014.

**Health and Social Services Centre and Long-Term Care Facility – Norman Wells**
Replace the existing Health Centre based on the Department's prototypes developed for Level B/C Health and Social Services Centres and Long Term Care facilities. Design to begin in 2012/13. Completion is anticipated in 2015/16.

**Health and Social Services Centre – Fort Providence**
Replace the existing facility based on the Department's Level B facility prototype. Construction is anticipated to start in 2013/14 with completion by 2015/16.